



Open Enrollment Application

2010-2011 School Year



Deadline: March 1, 2010

September 1, 2010 for Kindergarten

Name of Student _____ Date of Birth: _____

1. Grade for 2010-2011: _____ 2. Female _____ Male _____

3. Race/Ethnicity (*Optional: This information is requested for the sole purpose of collecting demographic data.*)

Asian _____ Pacific Islander _____ Black/non-Hispanic _____ White/non-Hispanic _____ Hispanic _____ American Indian/Alaskan _____

4. Parents/Guardians _____
Telephone _____

Note: It is helpful to have more than one number. H=home W=work C=cell

Address _____

5. Resident District _____ Attendance Center _____

6. District Requested _____ Attendance Center* _____

*Request does not guarantee placement

7. Is this application a request to continue education in the former district of residence following a move to a new district?
_____ Yes _____ No

8. If the resident district has a diversity plan, please indicate if the applicant has a sibling currently under open enrollment?

Sibling Name _____ Address _____

District/School open enrolled _____

9. The parent/guardian is requesting the following (check all that apply): Regular Education _____ Special Education _____
Home School (CPI) _____ Dual Enrollment/Academic _____ Dual Enrollment /Activity _____ Home School Assist Program _____

10. If the student is currently under suspension or expulsion, when will the student be reinstated? _____

11. This section should be completed IF the application is being filed after March 1.

Qualifications for Good Cause

Date of Change

- a) Family moved to new district of residence (including a move from another state) _____
- b) Change in student's district of residence due to parents' marital status _____
- c) Change in student's district of residence due to placement in foster care _____
- d) Change in student's district of residence due to adoption _____
- e) Change in student's district of residence due to treatment program for substance abuse or mental health _____
- f) Participation in foreign exchange program _____
- g) Failure of negotiations for reorganization or whole grade sharing _____
- h) Loss of accreditation or revocation of a private or charter school _____
- i) Pervasive harassment or severe health. Briefly describe events occurring after March 1 or provide the name of a district employee familiar with the student. _____

12. Check here if you are requesting transportation assistance. _____ If yes, attach proof of income to application and number in household.

I certify the above information is true and I have sent a copy of this form to my resident district and to the district I want my child to attend.

Signature of Parent or Guardian

Date

CAUTION: Knowingly providing false information on this form will invalidate the application.

DISTRICT USE ONLY:

Receiving District: _____ **Date received:** _____

The receiving district has the authority to take action on all applications except those listed below (a & b). The receiving district has authority to act on applications received before and **after** the deadline.

- a) Student alleges pervasive harassment or has severe health condition that cannot be adequately served in home district
- b) **Resident** district had a diversity plan.

Date application was received: _____

Approved _____
Date Signature of Superintendent

Denied _____
Date of School Board Action Signature of Superintendent

If denied, indicate reason:

- _____ Request was not filed by March 1 and does not meet good cause.
- _____ Insufficient classroom space
- _____ Student under suspension or expulsion
- _____ Appropriate special education program is not available.

Resident District _____ **Date received:** _____

Resident district is taking action on this application because of the following:

- _____ Resident district has a diversity plan on file with Department of Education.
- _____ Student alleges pervasive harassment that began or escalated after March 1.
- _____ Student has a severe health condition that began or escalated after March 1.

Approved _____
Date Signature of Superintendent

Denied _____
Date of School Board Action Signature of Superintendent

If denied, indicate reason:

- _____ Does not meet Diversity Plan criteria
- _____ Does not meet criteria for pervasive harassment
- _____ Does not meet criteria for severe health condition